



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

**GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART I**

BEFORE COPYING FOR ATTACH SITE IDENTIFICATION LABEL OR ENTER:		
GENERATOR'S NAME CenterLine Industries, Inc.		
CONTACT PERSON (NAME) Les Smith		
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX) Route 3, Highway 79 South		
CITY Saverton, MO	STATE 63467	ZIP CODE 63467
GENERATOR'S EPA I.D. NUMBER M.0.D.0.5.4.0.7.8.3.2.4		GENERATOR'S MISSOURI I.D. NUMBER 0.0.4.6.9.2
NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.		

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- ____ (YEAR) ☐ 12-31- ____ (YEAR)

☐ 3-31- ____ (YEAR) ☒ 6-30- **96** (YEAR)

3. PAGE

1 OF **1**

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.


4. GENERATOR'S NAME <input checked="" type="checkbox"/> SAME AS LABEL			
5. GENERATOR CONTACT PERSON (NAME) <input checked="" type="checkbox"/> SAME AS LABEL		TELEPHONE NUMBER (314) 248-0721	
6. MAILING ADDRESS P.O. Box 49	CITY Saverton	STATE MO	ZIP CODE 63467
7. PLANT SITE ADDRESS <input checked="" type="checkbox"/> SAME AS LABEL	CITY	STATE	ZIP CODE
8. NAME OF PARENT FIRM		OFFICE USE ONLY	

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. <input type="checkbox"/> SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.	10. <input checked="" type="checkbox"/> REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)	11. <input type="checkbox"/> REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).
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SECTION D - COMMENTS

12.


R00129251
RCRA RECORDS CENTER

RECEIVED
JUL 23 1996
HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF
NATURAL RESOURCES

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME Les Smith	SIGNATURE 	DATE June 25, 1996
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